

# PROVIDER



# REVIEW

## Cultural Competency in Health Care

### Definition of Culture:

- The thoughts, actions, customs, beliefs, and values of racial, ethnic, religious or social groups

### Culture Includes:

- How health care information is received
- How rights and protections are exercised
- What you think is a problem, how symptoms and concerns about the problem are expressed
- Who should provide treatment, and the type of treatment given

Health care services should respect the culture of members. Services are culturally competent when they fit the member. They should be based on the member's needs.

### Benefits of Cultural Competency:

Most people think their own values and customs are best. They may expect other cultures to share those views. Some benefits to have culturally competent healthcare services are listed below.

### CMDP staff and health care providers:

- Develop more appropriate plans of care
- Work better with diverse patient populations
- Have a better understanding of other cultures in their

- approach to health care for children
- Comply with federal and state requirements
- Reduce non-compliance of member (and foster caregivers) towards services



**We want members to get health care services that are best for them. Please contact Member Services and tell us if any cultural needs are not addressed.**

### Member Services As A Resource:

Use the Member Services Unit as a resource for child specific, culturally competent health care services and/or providers, such as:

- Past AHCCCS health care providers
- A language, gender, ethnic, geographical or specialized health care provider for the individual needs of a member
- Health care services responsive to a member's cultural or religious beliefs
- Translation services for health care appointments
- Interpretation services orally or for hearing impaired
- Health care information in a native language
- Health care information in an alternative format for the visually impaired

CMDP Member Services: (602) 351-2245/(800) 201-1795

## Understanding Patients' Beliefs and Values

An understanding of value systems and their influence on health is important in order to provide culturally competent health care. Each culture has a value system that dictates behavior directly or indirectly by setting and encouraging specific norms. Health beliefs and practices, in particular, reflect that value system. Patients may follow a specific process in seeking health care, such as folk, spiritual or psychic healing practices, as well as conventional medical practices. We are not only influenced by the cultural values we were raised

with, but also by the culture of medicine, which has its own language, and values. The complexity of the health care system in the U.S. today is time-oriented, hierarchical and founded on disease management and the preservation of life at any cost. Realizing these values, as part of the current dominant medical culture, will be useful when dealing with patients and foster caregivers with different values.



## Doctors, please be aware.....

More than 88,000 children in the United States were confirmed victims of sexual abuse in 2002. Studies have suggested that each year approximately one percent of children experience some form of sexual abuse, resulting in the sexual victimization of 12 to 25 percent of girls and 8 to 10 percent of boys by 18 years of age. Because many, if not most pediatricians will encounter sexually abused children in their practices, they must be informed about the best means for evaluating sexual abuse in children. The physical examination of sexually abused children should not result in additional physical or emotional trauma. The examination should be explained to the child before it is performed. It is advisable to have a supportive adult present during the examination, unless the child prefers not to have such a person present. Children may be anxious about giving a history, being examined, or having procedures performed. Time must be allotted to relieve the child's anxiety. Providing health care to these children requires considerably more time than it does for the average pediatric patient. Physicians must be prepared to provide necessary care even

when little or no specific information about the child is available at the time of the visit. The pediatrician should attempt to identify physical, psychosocial and developmental problems and assist the case manager and foster parents in determining the types of additional evaluation, care and community services the child requires.

Physicians should be aware that child sexual abuse often occurs in the context of other family problems, including physical abuse, emotional maltreatment, substance abuse, and family violence. In difficult cases, pediatricians may find consultation with a regional child abuse specialist or assessment center helpful. Contact Provider Services for names of specialists in your area.

Pediatricians play a critically important role in helping the child, case manager and foster families in minimizing the trauma associated with placement separation and improving the child's health and development during the period of foster care.

## Pertussis Outbreak Continues.....

There have been 672 cases of pertussis reported in Arizona as of July 28, 2005. The five year median number of cases for an entire year is 278 cases. Surveillance information, including a map of the cases is posted at:

<http://www.azdhs.gov/phs/oids/epi/pertussis.htm>.

The rate of increase in the number of cases has declined in late July. However, as schools begin classes this month we are anticipating an increase in the number of cases.

The ADHS is continuing to recommend an accelerated vaccine schedule for newborns in AZ. In addition, providers should consider recommending or administering pertussis boosters for family members and close contacts of newborns. The two newly licensed Tdap booster vaccines are now commercially available.

The panel recommended that adolescents 11 and 12 years of age be given Tdap in place of the tetanus-diphtheria (Td) booster currently given to adolescents. The committee also recommended that Tdap be given to adolescents 13 through 18 who missed the 11 to 12 year dose of Td. Adolescents 11 to 18 who have already been vaccinated with Td are encouraged to receive a dose of Tdap to further protect against the pertussis. The ACIP recommendations are posted at:

[http://www.cdc.gov/nip/pr/pr\\_tdap\\_jun2005.htm](http://www.cdc.gov/nip/pr/pr_tdap_jun2005.htm).

The labels suggest that administration of the vaccine is appropriate when it has been at least five years since their last dose of Td. However, since Arizona is continuing to experience an outbreak of pertussis, the benefits of administering the vaccine to close contacts and caregivers, may outweigh the risk of more severe local reactions in people that have had a Td booster within the last five years.

Since the CDC and the ADHS/VFC have recommended that childhood Pertussis vaccinations be accelerated, in order to minimize the disruption to other scheduled vaccinations, these organizations are recommending that all age appropriate vaccinations be accelerated to match the new DTP/DTaP schedule. Since the new accelerated schedule would be out of synch with our standard EPSDT visit requirements, we are recommending that those visits be similarly accelerated. This should avoid requiring separate visits for vaccinations and EPSDT exams. In order not to unfairly penalize providers for accommodating the accelerated vaccination schedule, we will make adjustments to our systems so that EPSDT visits on the accelerated schedule are considered timely. Should you have any questions, please contact the Medical Services Unit.



## CMDP Verification.....

CMDP offers our providers eligibility verification via e-mail. We would also encourage you to contact us at least one day prior to the member's appointment whether requesting verification by telephone or by e-mail. This will enable CMDP to resolve any eligibility issues prior to the member's appointment.

### Member Services e-mail addresses:

MariaVillanueva@azdes.gov

LMoore@azdes.gov

VGuzman@azdes.gov

Member Services will reply promptly.



## No Fees to Foster Parents!

CMDP members and foster parents are not responsible for payment of any fees or co-pays. A.R.S. 36-2903.01 and A.A.C. R6-5-6006 prohibit a provider from charging, submitting a claim to, demanding or otherwise collecting payment from a foster child, a foster parent, a biological parent/relative or any other party as a result of services rendered.

Foster Parents are not to be sent to collection at any time.

Please ensure that this information is shared within your offices.

## Behavioral Health Update:

### Procedure for PCP referral to Behavioral Health Services through the RBHA System

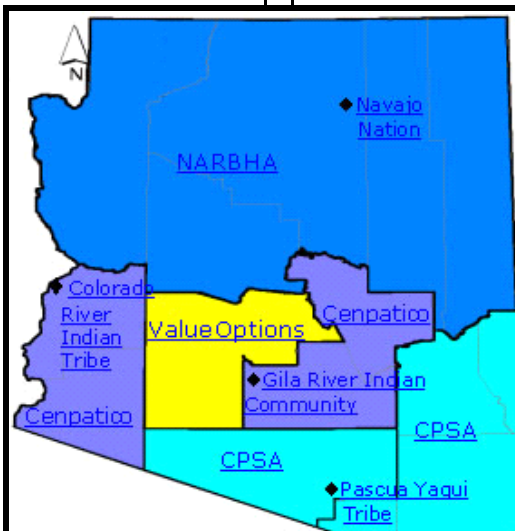
The CMDP Behavioral Health Coordinator (BHC) may assist the Primary Care Provider (PCP) with coordinating the transition of behavioral health care. This occurs when a PCP has initiated medication management services to treat behavioral health disorders, and it is subsequently determined by the PCP that the member should be transferred to the Regional Behavioral Health Authority (RBHA) for evaluation and /or continued management services for complex behavioral disorders.

If the member is not already RBHA enrolled, the PCP may arrange for a referral directly to the RBHA. The CMDP BHC or the member's custodial agency representative may assist in completing the (ADHS) referral form to the RBHA. This form specifies if ongoing RBHA services are indicated.

### Coordination of Behavioral Health Services between the PCP and RBHA:

CMDP requires the PCP to respond to the RBHA provider's request for medical records pertaining to Title XIX/AHCCCS/KidsCare enrolled members within 10 business days of receiving the request. CMDP requires that the PCP establishes a medical record when behavioral health information is received from a RBHA, **even if the PCP has not yet seen the member.**

The behavioral health information received from the RBHA is to be placed in the member's medical chart or may be kept in a labeled file that is associated with the member's medical record as soon as one is established. CMDP requires the PCP to document or initial the medical record signifying review of member's behavioral health information that has been received from the RBHA. For additional information, please contact the CMDP Behavioral Health Coordinator.



On July 1<sup>st</sup>, 2005, CENPATICO Behavioral Health became the new Regional Behavioral Health Authority for the following Arizona counties: Yuma, La Paz, Pinal, and Gila

## CMDP Contacts: (602) 351-2245    (800) 201-1795

## "Web Corner"

### MEMBER SERVICES:

Veronica Guzman...ext 7078 We are available to verify a member's  
Linda Moore.....ext 7080 eligibility. Please call with their name,  
Maria Villanueva.....ext 7083 date of birth, date of service & ID #.

### PROVIDER SERVICES:

Cathy Nunez.....ext 7042 For all your concerns, Provider Services  
Mirtha Moreno.....ext 7110 will assist you or direct you to the  
Robert Casillas.....ext 7112 appropriate department.

### CLAIMS:

For verification of claim status, please ask the operator for a claims representative.

### MEDICAL SERVICES:

Susan Stephens, M.D., Medical Director.....ext 7065  
Mary Ferrero, R.N., Medical Services Manager.....ext 7070  
Hospitalizations.....ext 7116  
EPSDT.....ext 7063  
Prior Authorizations .....ext 7065  
Behavioral Health.....ext 7009 / 7060  
Social Services.....ext 7073  
Please contact Medical Services with any questions regarding the medical needs of our members.

*The following is a list of websites we recommend to assist your office. If there are any you wish to add and share with other providers please contact Provider Services.*

CMDP's Website: [www.azdes.gov/dcyf/cmdpe](http://www.azdes.gov/dcyf/cmdpe)

UPDATED CAP FEE SCHEDULE, AHCCCS Provider Manual, EPSDT forms and more available at: [www.azahcccs.gov](http://www.azahcccs.gov)

CHILDREN'S REHABILITATIVE SERVICES (CRS), information and referral forms: [www.hs.state.az.us/phs/ocshcn/crs/index.htm](http://www.hs.state.az.us/phs/ocshcn/crs/index.htm)

Need any GROWTH-CHARTS? Download them from the CDC: [www.cdc.gov/growthcharts/](http://www.cdc.gov/growthcharts/)

VACCINES FOR CHILDREN (VFC) Program: [www.cdc.gov/nip/vfc/Provider/ProvidersHomePage.htm](http://www.cdc.gov/nip/vfc/Provider/ProvidersHomePage.htm)

Every Child by Two Immunizations: [www.ecbt.org](http://www.ecbt.org)

ASIIS and TAPI: [www.whymmunize.org/us.htm](http://www.whymmunize.org/us.htm)

Health Data Management: [www.healthdatamanagement.com](http://www.healthdatamanagement.com)

American Academy of Pediatrics: [www.aap.org](http://www.aap.org)

National Center for Children in Poverty: [www.nccp.org](http://www.nccp.org)

Equal Opportunity Employer/Program This document  
available in alternative formats by contacting Provider  
Services.

## CMDP URGENT CARE LISTINGS:

NAME	ADDRESS	CITY	PHONE NUMBER
APACHE JUNCTION URGENT CARE	2080 W SOUTHERN AVE	APACHE JUNCTION	(480) 985-0172
CASA GRANDE URGENT CARE	1729 W TREKELL RD	CASA GRANDE	(800) 639-8227
CHANDLER VALLEY URGENT CARE	936 W CHANDLER	CHANDLER	(480) 792-1025
TRI CITY EXPRESS CARE LLC	920 E WILLIAMS FIELD RD	GILBERT	(480) 855-9400
WEST VALLEY URGENT CARE LLC	17218 N 72ND DR	GLENDALE	(602) 334-8670
ADVANTAGE URGENT CARE-GLENDALE	5410 W THUNDERBIRD	GLENDALE	(602) 530-6189
CIGNA-STAPLEY	1111 S STAPLEY	MESA	(480) 464-8500
EXPRESSCARE	2034 S ALMA SCHOOL	MESA	(480) 831-0150
ADVANCED URGENT CARE	2301 N 44TH ST	PHOENIX	(602) 808-8786
ADVANCED URGENT CARE	2423 W DUNLAP AVE	PHOENIX	(602) 216-6862
GREENWAY URGENT CARE/NEXTCARE	3229 E GREENWAY	PHOENIX	(602) 788-3285
ADVANCED URGENT CARE	3302 W THOMAS RD	PHOENIX	(602) 233-2900
DESERT SAMARITAN URGENT CARE	4520 E RAY RD	PHOENIX	(480) 598-7500
PARKWAY RAPID CARE	4524 N MARYVALE	PHOENIX	(623) 849-1113
CIGNA-MCDOWELL	755 E MCDOWELL	PHOENIX	(602) 271-5111
ADVANCED URGENT CARE	8260 W INDIAN SCHOOL	PHOENIX	(623) 846-7122
PRESCOTT VALLEY PRIMARY/URGENT	3051 N WINDSONG DR	PRESCOTT VALLEY	(928) 779-7840
ASU COMM. HEALTH SERVICES	8117 E ROOSEVELT	SCOTTSDALE	(480) 941-9283
SEDONA URGENT CARE	2530 N HWY 89A	SEDONA	(928) 203-4813
ADVANCED URGENT CARE	1804 W ELLIOT RD	TEMPE	(480) 456-0444
URGENT CARE ASSOCIATES PC	3102 E BELLEVUE	TUCSON	(520) 795-8888
FOOTHILLS WALK-IN CLINIC	11274 FORTUNA RD	YUMA	(928) 345-2150